Attorney Docket No.

BIRCH, STEWART, KOLASCH & BIRCH, LLP

3313-1039P

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	METHOD OF PROCESSING RED FYF IN DIGITAL IMAGES						
Fill in Appropriate Information - For Use Without	the specification of which is attached hereto. If not attached hereto, the specification was filed on						
Specification Attached:	and america	011		(if applicable)Land/or			
Attached:	International	Application Number			as PCT		
	amended und	er PCT Article 19 o	n		(if applicable)	
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federa Regulations, §1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for inventor's certificate having a filing date before that of the application on which priority is claimed:						
	Prior Foreign Application(s)				Priori	ty Claimed	
Insert Priority Information:					_	_	
(if appropriate)	(Number)	(Country)		(Month/Day/Year File	ed) L		
	(Number)	(Country)		(Month/Day/Year File	ed) Ye		
	(Number)	(Country)		(Month/Day/Year File	ed) Yes	_	
	(Number)	(Country)		(Month/Day/Year File	ed) Te		
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.						
Insert Provisional Application(s): (if any)	(Application Numb	er)		(Filing Date)			
	(Application Number) (Filing Date)						
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:						
	Country		Application Number	Date of F	iling (Month/Day/Year))	
Insert Requested Information: (if appropriate)							
	application in the m	anner provided by s anaterial to the pa	the first paragraph of ' the first paragraph of '	120 of any United States am application is not disclosed litle 35, United States Code, a Title 37, Code of Federal R al or PCT international filing	in the prior United Sta \$112, I acknowledge the	ites and/or PCT duty to disclose	
Insert Prior U.S. Application(s): (if any)	(Application Number	er)	(Filing Date)	(Status - p	patented, pending, abanc	loned)	
Page 1 of 2	(Application Number	er) .	(Filing Date)	(Status - p	patented, pending, abanc	loned)	

Attorney Docket No.

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

Raymond C. Stewart	(Reg. No. 21,066)	Terrell C. Birch	(Reg. No. 19,382)
Joseph A. Kolasch	(Reg. No. 22,463)	James M. Slattery	(Reg. No. 28,380)
Bernard L. Sweeney	(Reg. No. 24,448)	Michael K. Mutter	(Reg. No. 29,680)
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Send Correspondence to:

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PLEASE NOTE: YOU MUST COMPLETE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
or Sole Inventor: Insert Name of Inventor		Shang-Yun W	'u Apri(8,200				
Insert Date This Document is Signed	Shang-Yun WU	mary far.					
Insert Residence Insert Citizenship →	Residence (City, State & Country)	CITIZENSHIP					
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Full Name of Second inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
	Residence (City, State & Country)		CITIZENSHIP				
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Third Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
see above							
	Residence (City, State & Country)		CITIZENSHIP				
	Taipei, Taiwan, R.O.C.						
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Full Name of Fourth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
Inventor, if any: see above	GIVELVIIII MEDITINIS	HAV BIVIONO DIGIVILI ONE	BATE				
i	Residence (City, State & Country)		CITIZENSHIP				
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						
)						
Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
	Poid of City City of City						
	Residence (City, State & Country)		CITIZENSHIP				
	POST OFFICE ADDRESS (Complete Street Addre	ess including City State & Country)					
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*DATE OF SIGNATURE